



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

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Acting Commissioner

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**APPLICATION FOR A REGULATORY
OR CONTRACTUAL REQUIREMENT WAIVER**

INSTRUCTIONS

This application form is to be completed by a licensed Bureau of Substance Addiction Services (BSAS) program or entity that wishes to apply for a regulatory or contractual requirement waiver.

Pursuant to 105 CMR 164.023, the Massachusetts Department of Public Health "the Department" may, in its discretion, waive the applicability of one or more of the requirements of 105 CMR 164.000, upon a written finding that:

- (1) compliance would cause undue hardship to the facility; the licensee shall document such hardship in a manner defined by the Department;
- (2) the facility is in substantial compliance with the spirit of the requirement and has instituted compensating features that are acceptable to the Department;
- (3) the facility's non-compliance does not jeopardize the health or safety of its clients and does not limit the facility's capacity to provide the service; and
- (4) the facility provides to the Department written documentation supporting its request for a waiver.

In addition, requests for a waiver for contractual (i.e. staffing) requirements may be made by completing the form.

Waiver requestors must identify themselves and their status, cite with specificity the regulation(s) that they want a waiver from, and demonstrate how they meet the requirements of the waiver regulation, 105 CMR 164.023. Please note supporting documentation is required (i.e. organizational charts, job descriptions, floor plans, policies, procedures, supervision plans, training plans, etc.).

The form is electronic and fillable. All requests must be typed into the application form. Handwritten requests will not be accepted. Any attachments should be labeled or marked so as to identify the question to which it relates.

Once completed, please submit the application and supporting documents to your regional licensing inspector. (See chart below for contact information)

Boston	Central
Cassandra Newell Cassandra.E.Newell@mass.gov	Robin Marin Robin.M.Marin@mass.gov
Metro West	Northeast
Nicolette Smith Nicolette.L.Smith@mass.gov	Anthony Liburdi Anthony.Liburdi@mass.gov
Southeast	Western
Michelle Ouvry Michelle.Ouvry@mass.gov	Gilson Vila Gilson.Vila@mass.gov
Penal Facilities and Agencies of the Commonwealth	
Angelica Gates Angelica.Gates@mass.gov	

REVIEW

Applications are reviewed in the order they are received.

After a completed application is received by the Department, BSAS, the Department will review the information and will contact the requestor if clarifications or updates to the submission application are needed. The Department will notify the requestor in writing whether it has met the standards necessary to receive the requested waiver.

The Department may, in its discretion, rescind or impose a time limit on any waiver it grants. Approved waivers will be concurrent with the term of the license or as noted in the approval letter.

PUBLIC RECORDS

Please note that all application responses, including all attachments will be subject to release pursuant to a public records request, as redacted pursuant to the requirements of M.G.L. c. 4, § 7(26).

QUESTIONS

If additional information is needed regarding the waiver application process, please contact Erica Weil, Director of Quality Assurance and Licensing at BSAS at Erica.Weil@mass.gov.

SECTION A: REQUESTOR STATUS (REQUIRED)

Initial Waiver Request

Renewal Waiver Request (Please include previous request and BSAS determination)

SECTION B: REQUESTOR INFORMATION (REQUIRED)

1. Name of program as appears on license:

2. License Number:

3. Organization Name:

4. Program Contact & Title:

5. Contact Email Address:

6. Program phone number:

7. Program Operating Address:

11. Program Mailing Address:
If different than operating address

8. City:

12. City:

9. State:

13. State:

10. Zip Code:

14. Zip Code:

SECTION C. GROUNDS FOR A WAIVER REQUEST

1. Please indicate the **regulation number and applicable sections** being requested from 105 CMR 164.000.

For waivers pertaining to the Residential Rehabilitation Services (RRS) or Transitional Support Services (TSS) Clinical Supervisor Requirements, indicate which criteria the candidate does not meet and what the plan is for the candidate to meet the requirement. (I.e. the candidate does not have supervisory experience but will take supervisory training and receive weekly supervision from X for X length of time).

List and describe all attachments.

2. Please explain how compliance with the current regulation as written will causes undue hardship on the requestor.

List and describe all attachments.

3. If approved, please explain how non-compliance with the regulation/requirement does not jeopardize the health or safety of any patient or the public. Please describe how the requestor made this determination.

List and describe any attachments.

4. Please explain what plan of action the requestor has instituted or plans to institute to offset the waived regulation requirements as currently proposed.

For a waiver to the RRS/TSS Clinical Supervisor requirements, detail the time frame needed to come into compliance with the contractual compliance.

ATTESTATION

Signed under the pains and penalties of perjury, I, the authorized signatory of the Requestor, agree and attest that all information included in this application is complete and accurate.

Print Name of Authorized Signatory

Title of Authorized Signatory

Date Signed

For BSAS Use Only

Reviewed by Regional Licensing Inspector

Licensing Inspector Comment:

Reviewed by Regional Contract Manager

Regional Contract Manager Comment:

Office Use Only

Waiver Received:

Waiver Reviewed:

Determination:

Denial Reason (if applicable):

Date of waiver approval:

Determination Letter Sent: